MESQUITE POLICE DEPARTMENT OFFENSE/INCIDENT REPORT

Service Number	er	

Date of R	eport	Offens	e/incident								Statu	ite Number:	Statute Code:	Classification FELONY - 2ND
71220	16	AGG A	ASSAULT V	/DEAL	LY WEAPO	N						2(a)(2)	13150005	DEGREE
Complain	ant										Race	Sex	Event Associat	ion
]	BLACK	MALE	V	
Complain	ant Firm												Event Associat	ion
							**.							
Street Ad	dress of I	ncident					- 0		Day(s)	of Occ	currence	Date(s	s) of Occurrence	Hour(s) of Occurrence
928 S	AMUEL	L BLVD										0712201	6	1521
Reporting	Officer		ID	Assistin	ng Officer		ID	Investiga	tive Div	vision(s) Notified		Name of Invest	igator Notified ID
luynh,	Huy-	Trinh	0902			,								
						PROF	PERTY	SECT	ION	J				
orop. No.	Code	Qty	Property Ty	pe	Property Sub			ssociation		•	Current S	Status		NCIC Number
		1												
Make	-			Model				Primary (Color	Serial N	lumber		Owner Appli	ed Number
Dean Ma	Codo	Otro	Droppety To	ne	Property Su	otvae	Event A	ssociation			Current S	Status		NCIC Number
Prop. No.	Code	Qty	Property Ty	p a	r topolity ou	.,,,,,,	LTGIRA	SOCIATION			30011			
Make				Model				Primary (Color	Serial I	Number		Owner Appli	ed Number
VIENC								,						
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Prop. No.	Code	Qty	Property Ty	pe	Property Su	btype	Event A	ssociation			Current	Status		NCIC Number
				1						0 1 1	l		Oumas Apoli	ind Number
Make				Model				Primary	Color	Serial	Number		Owner Appli	ed Number
Prop. No.	Code	Qty	Property Ty	pe	Property Su	btype	Event As	ssociation			Current	Status		NCIC Number
Make				Model				Primary	Color	Serial 1	Number		Owner Appl	ied Number
Weather (Condition	s at the Tir	me of Offense			Disposition o	f Property							
VVOGUTOT V	o o namo n	o de ento y												
						VELUCI	I I INII	CODM	A TIC	140				
		1				VEHIC	LE IIVI	-CIRIVIA	4110	אוע	Body Sty	rlo		
Status		Year	Make			Model								
		2004	FORD			Vahiala Cal	n. 1		Vo	hicle C	PICKUE	?	Interior Colo	NT.
Market V	alue	N.C.I.C	. Number			Vehicle Col	or I		Ve	THUR C	0101 2		manor core	,
0 111						GRAY	_		-					
Special v	ehicle Fe	atures												
Additiona	I Vehicle	Description												
Auditiona	i veriicie	Description	'											
			Δ.	GG ASS	SAULT W/I	EADLY WE	EAPON	- 4	928	SAMI	JELL B	LVD		
ne above	noted Co	mplainant	reported a A					at _						
		- 115			07122016	4	1521	have bu						
eporting	party beli	eves that t	ne incident oc	curred or	07122016	at about		nours by:						

MESQUITE POLICE DEPARTMENT - INCIDENT REPORT

L ORI Nur	nber:			Report Type: OFFENSE/	INCIDENT	REPOR	T
					Building No	: Co	ounty: LLAS
					Sector: SOU		eat:
Time: 1521	Incident Occurred D	ate (End):	Time:	Report Taken 07122016	:	Time 163	e: 6
Bias Motivation:			Gang Related:	Su	bstance:	Seni	or Involved:
			1	Reporte	ed Date:	Time: 1645	
WEADON			Sta	atute Number: Sta	atute Code:	Classific	cation:
		Superv				r abon 1	ZND DEGREE
	Assisting Officer:	Indyin	i, nay irin		r:		
	Disposition PENDING	:			0	Dispositio	n Date:
			n: Victii	m Type:			Time:
pri	OL .	Alias:					Prefix:
ate of Birth.	Age (Rang	e) Infaut	Type: Sex:	Race: BLACK	Ethnicity:		Juvenile:
ange): Eye C	Color: Hair C				onship:	Su	sp Person No:
- Jakes					Building No:	Co	ounty:
					E	xt:	
	Ехр раце:	Оссиратоп.	l en	npioyer:	L		
					Building No:	Co	ounty:
	SMTI Description:				1		
	SMTI Descript::n:				_		
	SMTI Descripion:						
	SMTI Description:						
		Agg Assault/He	ornicide:				
		Agg Assault/He					
Victim to O	ffence (2)	Transpo	orted By:	Tvi	clim to Offense	· (4):	
Victim to Of		Transpo	orted By:		ctim to Offense	e (4):	
Victim to Of	ffense (2): LEOKA(3):	Transpo	orted By:		ctim to Offense	e (4):	
		Transpo	orted By:		ctim to Offense	e (4):	
		Transpo	o Offense (3): LEOKA Type	Weapon:	ctim to Offense	9 (4):	
		Transpo	orted By:	Weapon:			
EOKA(2):	LEOKA(3):	Transpo	o Offense (3): LEOKA Type Busines:	Weapon:	ctim to Offense		unty:
	LEOKA(3):	Transpo	o Offense (3): LEOKA Type Busines:	Weapon:			unty:
EOKA(2):	LEOKA(3):	Transpo	o Offense (3): LEOKA Type Busines:	Weapon:			unty:
EOKA(2):	LEOKA(3):	Transpo	Direct By: O Offense (3): LEOKA Type Business	Weapon:			unty:
EOKA(2):	LEOKA(3):	Victim o	Direct By: O Offense (3): LEOKA Type Business	Weapon:		Co	unty:
EOKA(2):	LEOKA(3):	Victim of Victim	Direct By: O Offense (3): LEOKA Type Business	Weapon:	Building No:	Co	
	Time: 1521 Bias Motivation: WEAPON 2	Bias Motivation: WEAPON Assisting Officer: Disposition PEND INC Age (Range): Eye Color: BROWN Exp Date: SMTI Description: SMTI Description: SMTI Description:	Time: 1521 Bias Motivation: WEAPON 2 Assisting Officer: Disposition: PENDING Age (Range): Age (Range): BLACK Exp Date: Disposition: PENDING Alias: Age (Range): BLACK SMTI Description: SMTI Description: SMTI Description:	Time: 1.52.1 Bias Motivation: WEAPON State of Birth: Age (Range): Eye Color: BROWN Supervisor Approving: Huynh, Huy-Trint Alias: Age (Range): Age (Range): Age (Range): Age (Range): Eye Color: BLACK SMTI Description: SMTI Description: SMTI Description: SMTI Description:	Time: 1521	Building No Sector: SOU Sector: SOU Sector: SOU Sector: SOU Time: O7122016 Bias Motivation: Gang Related: Substance: Report Taken: O7122016 WEAPON Supervisor Approving: Pc 22.02(a) (2) I3150005 Assisting Officer: Assisting Officer: Assisting Officer: PENDING Event Association: Victim Type: Contact Date O7122016 Age (Range): Infaul Type: Sex: Race: BLACK Age (Range): Infaul Type: Sex: Race: BLACK Exp Date: Companion: Employer: Building No: Building No: SMTI Description: SMTI Description: SMTI Description: SMTI Description:	Building No: Contact Date Cantact Date Cant

			nodent Type: 2P					
Person No: S1								
MNI:	Event Asso	ciation:		Victim Ty	pe:	Contact Da		Time:
Name:	, Dua		Alias:	1		071220		Prefix:
	· ·	I Age (Range): Infant i y	oe: Sex:	Race:	»Ethnicity»	ITC OR	Juvenile:
		Age (Range 60 č		M	W Victim/Suspect Re	LATINO		NO Susp Person
		BROWN			Victim/Suspect ive			
						Building N		County:
	Ex	1.	Phone Typ	e:	Phone Numb	er:	Ext:	
DI. State: DI. Number:-	Exp	ate: (Occupation: ELF EMPLOYE	D	Employer:			
Address 2:						Building N	10:	County:
SMTI Code:	SMTI	Description:						
SMTI Code:	SMTI	Description:						
			-					
SMTI Code:		Description:						
SMTI Code:	SMTI	Description:						
Means of Attack:			Agg Assault/Homi	cide:				
ransported To:			Transporte	Ву:				
/ictim to Offense (1):	Victim to Chease	(?):	√ictim · a O	ffense (3):		Victim to Offer	nse (4):	
EOKA(1): LEOH	(A(2):	LEOKA(3):						
		LEONA(3).		LEOKA T	ype Weapon:			
						Contact D	oto:	Time
MNI:	Event Asso WI			Victim Ty		Contact Da 0712201	ate: 16	Time:
MNI:	Event Asso	clation:	Alias:	 Victim Ty		Contact Da 0712201	ate: L6	Time:
MNI:	Event Asso	clation:		Victim Ty		'vēri era		
MNI:	Event Asso	ciation: Age (Range 58 5): Infant Typ	Victim Tyl	pe:	i Spriesyan Latino	VIC OR	Prefix: Juvenile: NO
MNI:	Event Asso	ciation: Age (Range 58 5): Infant Typ 8	Victim Tyl	pe: Race: W	i Spriesyan Latino	DIC OR	Prefix: Juvenile: NO
MNI:	Event Asso	ciation: Age (Range 58 5): Infant Typ	Victim Tyll I De: Sex: F	pe: Race: W	ISPINIESYAN IATINO Ilationship: Building N	DIC OR	Prefix: Juvenile: NO Susp Person
MNI;	Event Asso WI	ciation: Age (Range 58 Hair Col GRAY /): Infant Tyr 8 or: PARTIALLY G	Victim Tyll I De: Sex: F RAY	pe: Race: W Victim/Suspect Re	ISPINIESYAN IATINO Ilationship: Building N	IC OR	Prefix: Juvenile: NO Susp Person
DI State: DL Number:	Event Asso	ciation: Age (Range 58 Hair Col GRAY /): Infant Ty; 8 or: PARTIALLY G	Victim Tyll I De: Sex: F RAY	Phone Numb	ISPINIESYAN IATINO Ilationship: Building N	IC OR S	Prefix: Juvenile: NO Susp Person County:
DL Number:	Exp D	ciation: Age (Range 58 58 Hair Col GRAY /): Infant Tyr 8 or: PARTIALLY G	Victim Tyll I De: Sex: F RAY	Phone Numb	EPINESYAN IATINO Plationship: Building N	IC OR S	Prefix: Juvenile: NO Susp Person
MNI: Name: DL Number: Address 2:	Exp D	ciation: Age (Range 58 5 Hair Col GRAY): Infant Tyr 8 or: PARTIALLY G	Victim Tyll I De: Sex: F RAY	Phone Numb	EPINESYAN IATINO Plationship: Building N	IC OR S	Prefix: Juvenile: NO Susp Person County:
Address 2: EMTI Code: SMTI Code:	Exp D	ciation: Age (Range 58 Hair Col GRAY Description: Description:): Infant Tyr 8 or: PARTIALLY G	Victim Tyll I De: Sex: F RAY	Phone Numb	EPINESYAN IATINO Plationship: Building N	IC OR S	Prefix: Juvenile: NO Susp Person County:
MNI: Name: DL Number: Address 2:	Exp D SMTI	Ciation: Age (Range 58 58 58 58 59 59 59 59): Infant Tyr 8 or: PARTIALLY G	Victim Tyll I De: Sex: F RAY	Phone Numb	EPINESYAN IATINO Plationship: Building N	IC OR S	Prefix: Juvenile: NO Susp Person County:
MNI: Name: DL Number: Address 2: EMTI Code: SMTI Code:	Exp D SMTI	ciation: Age (Range 58 Hair Col GRAY Description: Description:): Infant Tyr 8 or: PARTIALLY G	Victim Tyll I De: Sex: F RAY	Phone Numb	EPINESYAN IATINO Plationship: Building N	IC OR S	Prefix: Juvenile: NO Susp Person County:
MINI: Jame: DL Number: Address 2: MTI Code: SMT! Code: SMT! Code:	Exp D SMTI	Ciation: Age (Range 58 58 58 58 59 59 59 59): Infant Tyr 8 or: PARTIALLY G	Victim Tyll De: Sex: F RAY	Phone Numb	EPINESYAN IATINO Plationship: Building N	IC OR S	Prefix: Juvenile: NO Susp Person County:
MNI: Slame: BL Number: Address 2: MTI Code: SMTI Code: SMTI Code: Means of Attack:	Exp D SMTI	Ciation: Age (Range 58 58 58 58 59 59 59 59): Infant Tyr 8 or: PARTIALLY G Phone Type Occupation: ED ADMIN AS	Victim Tyl I De: Sex: F RAY S: Cide:	Phone Numb	EPINESYAN IATINO Plationship: Building N	IC OR S	Prefix: Juvenile: NO Susp Person County:
MNI: Name: DL Number: Address 2: SMTI Code:	Exp D SMTI	Description: Description: Description: Description:	Phone Type Decupation: ED ADMIN AS	Victim Tyl I De: Sex: F RAY E: ST	Phone Numb	EPINESYAN IATINO Plationship: Building N	IC OR Ext:	Prefix: Juvenile: NO Susp Person County:

Incident Number:		0.000	Incid 32P	lent Type:				
Daniel No. W2								
Person No: W2		Event Associa	ition:		/ictim Type:		Contact Date:	Time:
lame;		MI		I Alias:			07122016	Prefix:
idino.	•	7,000	Ana (Panas):	Infant Type:	Sex:	Race:	Ethnicity:	Juvenile:
			Age (Range): 46	Illiant Type.	MALE	OTHER		Susp Person
			Hair Color: BROWN		I VI	ictim/Suspect Rela		100 -
			3				Building No:	County:
			,	Phone Type:		Phone Number	r: Ext:	
OL State: DL Numbe	eri-7	Exp Date	e: Occi	epat:-n:	E	mployer:		
ddress 2:	7						Building No:	County:
MTI Code:		SMTI De	escription:					
MTI Code:		SMTI	escription:					
MTI Code:		SMTI De	escription:					
MTI Code:		SMTI De	escription:					
leans of Attack:			Ag	g Assault/Homicid	e:			
ransported To:				Transported B	y:			
fictim to Offense (1):	V	ictim to Offense (2)		Victim to Offer	nse (3):		Victim to Offense (4):
EOKA(1):	LEOKA(2):		LEOKA(3):	1	EOKA Type	e Weapon:		
Person No:		Évent Associa	ition.		rictim Type:		Contact Date:	Time:
Vanie:				Alias:				Prefix:
Social Security No:	Date of Bird	:	Age (Range):	Infant Type:	Sex:	Race:	Ethnicity:	Juvenile:
	ght (Range):	Eye Culor:	Hair Color.		Vi	ictim/Suspect Rela	ationship:	Susp Person
Address 1:							Building No:	County:
Phone Type:	Phone Number	Ext:		Phone Type:		Phone Number	er: Ext:	
DL State: DL Number	er:	Exp Dais	Occi	upation:	E	mployer:		
Address 2:							Building No:	County:
MTI Code:		SMTI De	escription:					
MTI Code:		SMTI De	escription:					
MTI Code:		SMTI De	escription:					
MTI Code:		SMTI D	scription:					
leans of Attack:			Ag	g Assault/Homicid				
ransported To:				Transported B	y:			
/ictim to Offense (1):	V	ictim to Offense (2)		Victim to Cife			Victim to Offense (4):
LEOKA(1):	LEOKA(2):		LEGKA(3):		EOKA Type	Weapon:		

MESQUITE POLICE DEPARTMENT - VEHICLE SUMMARY

Incident Number	er:			Inc 3.2	ident Type: P						
Vehicle No: E	Event Associatio	n:		Vehicle Status	3:	V	eh. Status	Date:	Status Time:	Value:	
Vehicle Type:	Veh Year:	Make:		Model:		S	lyle:				
A WINT	2004	FORD	Tic State:	Exp. Date:	Primary Color:	P:	Secon	dary Coid	or:	Interior Color	
		Tribense vontger.	Lice.		GRAY						
-NCIC Date:	NCIC NU	ımber:	7	NCIC Entered	by:		ICIC Cano	el Date:			
Registered Ow	ner:									Phone:	
Vehicle Feature	es (1):		Vehicle	e Features(2):			Vehicle	Features	(3):		
Vehicle Feature	es (4):		Vehicle	e Features(5):			Vehicle	Features	(6):		
Vehicle Feature	es (7):		Vehicle	e Features(8)	-		Vehicle	Features	(9):		
Recovery Loca	ition:					Rec	overy Date	: Time:	Value:	Description:	
Recovered/Imp	oounded by Offic	cer:	1		Submit as E	vidence:					
Current Location	on:							/ehicle Al	bandoned: Ta	g No:	
Submitted by:					Submitted	Date:	3	Submitted	Time:		
Vehicle No: E	vent Associatio	n:		Vehicle Status	3:	V	eh. Status	Date:	Status Time:	Value:	
Vehicle Type:	Veh Year:	Make:		Model:		S	tyle:		1		
VIN-	License Number: Lic State				Primary Color:		Secor	Interior Color			
NCIC Date:	NCIC Nu	ımber:		NOIC Entered by. NCI				ICIC Cancel Date:			
Registered Ow	ner:				***					Phone:	
Owner Address	s:			-							
Vehicle Feature	es (1):		VE. Sich	e Features/2):			Vehicle	Features	(3):		
Vehicle Feature	es (4):		Vehicle	e Features(5):			Vehicle	Features	(6):		
Vehicle Feature	es (7):		Vehicle	e Features(8):			Vehicle Features(9):				
Recovery Loca	ition:					Rec	overy Date	: Time:	Value:	Description:	
Recovered/Imp	oounded by Office	cer:			Submit as E	vidence:					
Current Location							17	/ehicle Al	bandoned: Ta	g No:	
Submitted by:					Submitted	Date:		Submitted	Time:		
Vehicle No: E	vent Associatio	n:		Vehicle Status	3:	V	eh. Status	Date:	Status Time:	Value:	
Vehicle Type:	Veh Year:	Make:		Model:		S	tyle:				
VIN:		License Number:	Lic State:	Exp. Date:	Primary Color:		Secor	dary Col	or:	Interior Color	
NCIC Date:	NCIC Nu	ımber:		NCIC Entered	by:	N	ICIC Canc	el Date:			
Registered Ow	ner:									Phone:	
Owner Address	S:										
Vehicle Feature	es (1):		Vehicle	e Features(2):			Vehicle	Features	(3):		
Vehicle Feature	es (4):		Vehicle	e Features(5):			Vehicle	Features	(6):		
Vehicle Feature	es (7):		Vehicle	e Features(8):			Vehicle	Features	(9):		
Recovery Loca	tion:			·		Red	overy Dat	e: Time:	: Value:	Description:	
Rec.:vered/Imp	ounded by Offic	cer:			Submit as E	vidence:					
Current Location	on:						1	/ehicle Al	bandoned: Tag	g No:	
Submitted by:					Submitted	Date:		Vehicle Abandoned: Tag No: Submitted Time:			

MESQUITE POLICE DEPARTMENT - NARRATIVE SUPPLEMENT

Incident Number: Incident Type: 32P
Narrative Report:
Date: Time: Narrative Report Type: Incident/Offense Location: 4928 SAMUELL BLVD
Reporting Officer/ID: Supervisor Approving: Huynh, Huy-Trinh 0902 Huynh, Huy-Trinh 0902
Namative: On 07-12-16 at approx. 15:21 hrs. Officers H. Huynh, J. Leyva were dispatched to the Concentra Medical, 4928 Samuell Blvd. Mesquite Dallas County, TX 75149 in reference to a person with a gun. The caller advised that a white male point a pistol at him. The suspect drove off in a gray F150 On Samuel toward Dallas. The caller stated that the suspect was with a white That female left the location in another green truck on Samuel toward Hwy 80.
on arrival, Officer Huynh contacted complainants H/m and hold of Concentra Medical. Officer Leyva also contacted the female as the was leaving the location. The female was identified as
observed the suspect, later identified as observed the suspect talk to then observed and demanded and the keys. Observed grabbed the keys from the walked outside. It is then observed and pushed her told the suspect was aggressive at the walked outside. It is the should not talk to the drove his truck to the struck to the s
told "Fuck You" and got in his truck. drove his truck to the front of the business and exited the vehicle opened the front door of the clinic and threw the key chain on the ground at got
then rolled the front passenger seat window down. I looked at the who was standing just outside of the front door and pointed a black pistol at him. He told "What are you looking at, nigger". I something for the Mexican too". I stated that he reached into the back of his waist band acted like he had a gun. I then quickly drove off toward Dallas. I stated that he did carry any weapon pistol was a black semi automatic pistol with a scope mounted on top. I stated that the cip of gun was white.
advised that he was scanding by the ocor and pointed the gun at him.
advised to Officer Le va that she had been married to stated that had been acting very odd recently. She did not know if was going crazy or he was using heavy drugs. She knew that suspecting that he was using stronger drugs recently. made come to the clinic today to take a drug test. She advised that came to the location in his own truck. She believed that did not want to take the drug test so he started to argue with her in the waiting room. She advised that came back and threw the key on the floor. observed got back in the cruck and said something to and from the driver seat. She observed took immediately went back inside. She did not know if she center console of his truck. She believed that advised that has numerous weapons including rifles. She advised that kept all the weapon in their second house in Rainbow, TX (address there recently. Officers did not locate at the complainant (service# NFI.

MESQUITE POLICE DEPARTMENT OFFENSE/INCIDENT REPORT

Service Numb	er	

Date of R	eport	Offens	e/incident									ite Number:	Statute Code:	Classification
71220		AGG A	ASSAULT V	W/DEAD	LY WEAP	ON					PC 22.0	2(a)(2)	13150005	FELONY - 2ND DEGREE
Complain				,	2						Race	Sex	Event Associat	ion
										C	THER	MALE	V	
Complaina	ant Firm												Event Associat	ion
Street Ad	dress of I	ncident							Day(s)	of Occ	urrence	Date(s) of Occurrence	Hour(s) of Occurrence
1928 S.	AMUELI	L BLVD										07122016	5	1521
Reporting	Officer		ID	Assistin	ng Officer	*	ID	Investig	ative Div	ision(s)	Notified		Name of Invest	igator Notified ID
Yuvnh.	Huy-	Trinh	0902											
2 .	-					PRO	PERTY	/ SEC	TION	J				
Prop. No.	Code	Qty	Property Ty	ne	Property S			ssociation			Current S	Status		NCIC Number
тор. 140.	0000	ally	, roperty ty	Po		,								
Make				Model				Primary	Color	Serial N	lumber		Owner Applie	ed Number
nake														
														NOIO Norther
Prop. No.	Code	Qty	Property Ty	pe	Property S	ubtype	Event A	ssociation			Current S	Status		NCIC Number
				A for day				Dr:	Color	Coriot M	lumbar		Owner Appli	ad Number
Make				Model				Primary	Color	Senain	umber		Owner Appli	ed Number
Prop. No.	Code	Qty	Property Ty	ре	Property S	ubtype	Event A	ssociation			Current	Status		NCIC Number
Make				Model				Primary	Color	Serial N	lumber		Owner Appli	ed Number
Prop. No.	Code	Qty	Property Ty	ne .	Property S	ubtype	Event A	ssociation			Current	Status		NCIC Number
тор. 140.	5000	diy	l'iopony i y	po	, ropany o	,,,,,								
Make				Model	1			Priman	Color	Serial N	lumber		Owner Appli	ied Number
Weather C	Conditions	at the Tir	ne of Offense			Disposition of	of Properly							
						VEHIC	LE IN	FORM	ATIC	N				
Status		Year	Make			Model				1	Body Sty	le		
Market Va	alue	N.C.I.C	. Number			Vehicle Co	lor 1		Vel	hicle Co	olor 2		Interior Colo	г
Special Vi	ehicle Fe	atures												
Additional	Vehicle I	Description	1											
he above	noted Co	mplainant	reported a A	GG ASS	SAULT W/	DEADLY W	EAFON	at	4928	SAMU	ELL B	LAD		
			-											
leportina r	arty belie	eves that the	he Incident oc	curred on	0712201	6 at about	1521	hours by:						
	,													

MESQUITE POLICE DEPARTMENT - INCIDENT REPORT

Incident Sun	nmary:									
Uncident Number		LORI	Number:				Report Type OFFENSE,	INCIDEN'	r REP	ORT
Incident Type: 32P										
Incident/Offense 4928 SAMUE	Location: LL BLVD							Building N	Vo:	County: DALLAS
Premise Type: NON-RESIDE	NCE							Sector: SOU		Beat: 31
Incident Occurred	d Date (Start):	Time: 1521	Incident C	Occurred Date	(End):	Time:	Report Take 07122016	n: 5	Ti 1:	me: 835
Demestic:		Bias Motivation				Gang Related:	S	ubstance:	Se	enior Involved:
Contact Nature:								ted Date: 2016	Time: 1800)
Offense Descript AGG ASSAUL	ion:	V WEADON						tatute Code:		ification: Y - 2ND DEGREE
Reporting Officer Huynh, Huy	:				Supervi	sor Approving: , Huy-Tri			LEBON	ZND DUGNUU
Assisting Officer:		702	Assisting	Officer:	nayin	i, nay-ili	Assisting Office	per:		
Case Status: PENDING			Į.	Disposition: PENDING					Disposi	ition Date:
Victim Sumn	narv:									
Person No: V1	MNI:			Ever	nt Association	n: Vi	ctim Type:	Contact Da 0712201		Time:
Name:		n	LOC .		Alias:					Prefix:
					Infant	Type: Sex: MALE	Race: OTHER	Ethnicity:		Juvenite:
					<i>f</i>		Victim/Suspect Rela	itionship:		Susp Person No:
								Building N	10:	County:
					Phone `	Гуре:	Phone Numbe	r;	Ext:	
PL State:	DL Number: -	1	Exp Date:	Occi	upation:		Employer:			
Address 2:	J							Building N	10:	County:
SMTI Code:			SMTI Desc	ription:						
SMTI Code:			SMTI Desc	ription:						
SMTI Code:			SMTI Desc	iption.						
SMTI Code:			SMTI Desc	ription;						
Means of Attack:				T Ac	g Assault/H	omicide:		_		
Transported To:						rted By:				
Victim to Offense	(1):	T Victim t	o Offense (2):			Offense (3):		victim to Offer	nse (4):	
LEOKA(1):		LEOKA(2):		EOKA(3):			pe Weapon:		(.,	
		LE 010 1(2).						_		
Business Inf										
Business Name:						Rusin	ess Type:			
Address:						Dusin		Building N	lo: I	County:
	IV:-A: To	ID	SF: (4):			1.5	Bus Offense (2):	Building	0.	Journey.
Eusings Phone:	Victim Ty	pe. Bus	Offense (1):				ius Oliense (Z):			
CAD Informa	ation:									
Caller Name:				COI	ler Location: NCENTRA	MEDICAL				
Caller Address: 4928 SAMUE								Building N	io:	County:
Phone Type:		none Number:		Phone Type:		Phone Numbe				
Date Dispatched: 07122016		Time: 1544	Dat Arrive	d: 6	Time:		Geo Code:	Lo	cal Geo	Code:

.PD160712070185			Incident 32P	t Type:						
No. S1										
erson No: S1	Event Ass	sociation:			ctim Typ	e:		Contact I	Date:	Time:
lame:	S.			Alas:		-				Prefix:
	£	I Age	Range).	Infant Type:	Sex:		Race:	Neth miesty.	NTC OP	Juvenile:
		60	60	Timant Type.	M	Viet m/S	W Suspect Rela	LATINO		NO Susp Person
			ir Color: OWN			VICEITITE	suspect Rela			
								Building		County:
	E	i)c		Phone Type:		Pr	one Number	•	Ext:	
State: DI Number:	Ехр	Date:	Occupa SELF	tion: EMPL YED		Employ	er:			
ddress 2:								Building	No:	County:
MTI Code:	SM:7	TI Description	on:							1.
MTI Code:	SMT	TI Tescriptio	on:							
MTI Code:	SM1	TI Description	on:							
MTI Code:	SM1	TI Descriptio	on:							
eans of Attack:			Agg A	ssault/Homicide	:					
ransported To:				Transported By	r:		_			
								# # D#	(4):	
ictim to Offense (1):	Victim to Offensi	e (2).		I Victim to Offen	se (3):		1	lictim to Utie	Inse (4).	
	Victim to Offense		KA(3):	Victim to Offen		ype Wea		/ictim to Offe	ense (4):	
erson No: W1	DKA(2):	LEOF	KA(3):		EOKA Ty					
erson No: W1		LEOF	KA(3):					Contact C		Time:
erson No: W1	DKA(2):	LEOF	KA(3):	Vi	EOKA Ty					Time:
erson No: W1	DKA(2):	LEOF		Vi	EOKA Ty				Date:	
erson No: W1	DKA(2):	LEOF	Range,. 58	Vi I Alias:	ctim Typ	e:	pon:	Contact E	Date:	Prefix: Juvenile: NO
erson No: W1	DKA(2):	LEOF	Range,. 58	Vi I Alias:	ctim Typ	e:	Pon:	Contact E	Date:	Prefix: Juvenile: NO
erson No: W1	i:want Ass	LEOF	Range,. 58	Vi I Alias:	ctim Typ	victim/S	Pon:	Contact I	Date:	Prefix: Juvenile: NO Susp Person
erson No: W1	DKA(2):	LEOF	(Range). 58 Hair Color. RAY PART	Vi I Alias: Infant Type: Phone Type:	ctim Typ Sex: F	victim/S	Race: W Suspect Rela	Contact I	Date: No:	Prefix: Juvenile: NO Susp Person
erson No: W1 NI: L State: DL Number:	DKA(2):	LEOF	(Range). 58 Hair Color. RAY PART	Vi I Alias: Infant Type:	ctim Typ Sex: F	Victim/S	Race: W Suspect Rela	Contact I	Date: No: Ext:	Prefix: Juvenile: NO Susp Person
erson No: W1 NI: L State: DL Number: ddress 2:	DKA(2):	LEOF	Range, 58 Hair Color RAY / PART Occupa MED A	Vi I Alias: Infant Type: Phone Type:	ctim Typ Sex: F	Victim/S	Race: W Suspect Rela	Contact I মিন্দু মিন্দু মিন্দ	Date: No: Ext:	Prefix: Juvenile: NO Susp Person County:
erson No: W1 INI: DL Number: ddress 2: MTI Code:	DKA(2):	LEOF	(Range, 58 Hair Color. PART PART Occupa MED A	Vi I Alias: Infant Type: Phone Type:	ctim Typ Sex: F	Victim/S	Race: W Suspect Rela	Contact I মিন্দু মিন্দু মিন্দ	Date: No: Ext:	Prefix: Juvenile: NO Susp Person County:
erson No: W1 INI: DL Number: ddress 2: MTI Code: MTI Code:	Exp	LEOF Sociation. Age (58 6 7 7 8 9 9 1 1 1 1 1 2 3 4 5 6 7 7 8 9 9 1 1 1 1 1 1 1 2 3 4 5 6 7 7 8 9 9 1	(Range). 58 Hair Color: RAY / PART Occupa MED A	Vi I Alias: Infant Type: Phone Type:	ctim Typ Sex: F	Victim/S	Race: W Suspect Rela	Contact I মিন্দু মিন্দু মিন্দ	Date: No: Ext:	Prefix: Juvenile: NO Susp Person County:
erson No: W1 INI: DL Number: ddress 2: MTI Code: MTI Code:	SMA(2):	Age (58 F G F F F F F F F F	(Range), 58 Hair Celor: RAY / FART Occupa MED A on:	Vi I Alias: Infant Type: Phone Type:	ctim Typ Sex: F	Victim/S	Race: W Suspect Rela	Contact I মিন্দু মিন্দু মিন্দ	Date: No: Ext:	Prefix: Juvenile: NO Susp Person County:
erson No: W1 INI: DL Number: ddress 2: MTI Code: MTI Code: MTI Code:	SMA(2):	LEOF Sociation. Age (58 6 7 7 8 9 9 1 1 1 1 1 2 3 4 5 6 7 7 8 9 9 1 1 1 1 1 1 1 2 3 4 5 6 7 7 8 9 9 1	(Range). 58 Hair Color. BRAY / PART Occupa MED A	Vi I Alias: Infant Type: CIALL'. GRA Phone Type: tion: DMIN ASST	ctim Typ	Victim/S	Race: W Suspect Rela	Contact I মিন্দু মিন্দু মিন্দ	Date: No: Ext:	Prefix: Juvenile: NO Susp Person County:
erson No: W1 INI: DL Number: ddress 2: MTI Code: MTI Code: MTI Code: MTI Code: deans of Attack:	SMA(2):	Age (58 F G F F F F F F F F	(Range). 58 Hair Color. BRAY / PART Occupa MED A	Alias: Infant Type: Infant Type: Infant Type: Ition: DMIN ASST	ctim Typ	Victim/S	Race: W Suspect Rela	Contact I মিন্দু মিন্দু মিন্দ	Date: No: Ext:	Prefix: Juvenile: NO Susp Person County:
erson No: W1	SMA(2):	TAge (58 58 58 58 58 58 58 5	(Range). 58 Hair Color. BRAY / PART Occupa MED A	Vi I Alias: Infant Type: CIALL'. GRA Phone Type: tion: DMIN ASST	Sex: F	Victim/S	Race: W uspect Rela	Contact I মিন্দু মিন্দু মিন্দ	No:	Prefix: Juvenile: NO Susp Person County:

Incident Number:	-		Incide 32P	nt Type:				
A1 [12]								
erson No: W2		Event Associa	tion:		ctim Type:		Contact Date:	Time:
Jame:	11	WI		I Alias:				Prefix:
iache.	"	120		1-6-17	1 Com	Dage:	Ethnicity:	Juvenile:
				Infant Type:	Sex: MALE	Race: BLACK		
					Victi	m/Suspect Rela	ationship:	Susp Person I
							Building No:	County:
				Phone Type:		Phone Number	er: Ext:	
		I Eur Dista	: Occup	OTHER CONTAC		loloyer:		
DL State: DL Numb	er.	Exp Date	·	auon.			I Data di La Na	Cauntu
ddress 2:	7						Building No:	County:
MTI Code:		SMTI De	scription:					
MTI Code:		SMTI De	scription:					
MTI Code:		SMTI De	scription:	A				
MT! Code:		SMTIDe	scription:					
e				Ássault/Homicide	· ·			
leans of Attack:			Aiga					
ransported To:				Transported By	/ :			
/ictim to Offense (1):	Vic	lim in Offense (2)		Victim to Offer	ise (3):		Victim to Offense (4):	
EOKA(1):	LEOKA(2)		LEOKA(3):		EOKA Type V	Veapon:		
Person No:		Event Associa	tion:		ictim Type:		Contact Date:	Time:
				Alias:				Prefix:
Name:								
Social Security No:	Date of Birth:		Age (Range):	Infant Type:	Sex:	Race:	Ethnicity:	Juvenile:
feight (Range): We	ght (Range):	Eye Coloi.	Hair Color:		Vict	m/Suspect Rel	ationship:	Susp Person
Address 1:							Building No:	County:
Phone Type:	Phone Number:	Ext:		Phone Type:		Phone Number	er: Ext:	
DL State: DL Numb	er:	Exp Date	: Occur	pation:	Em	oloyer:		
							Building No:	County:
Address 2:				1.6"			Building No.	Journy.
SMTI Code:		SMTI De	scription:					
MTI Code:		SMTI De	scription:					
MTI Code:		SMTI Ce	escription:	•				
MTI Code:		SMTI De	escription:					
Means of Attack:			T Aga	Assault/Homicide	ə:			
			- 33	Transported B				
Transported To:							VENT IN OFFICE (1)	
/ictim to Offense (1):	Vic	tim to Offense (2)		Victim to Offer			Victim to Offense (4):	
LEOKA(1):	LEOKA(2):		I.EOKA(3):	I	EOKA Type \	Veapon:		

MESQUITE POLICE DEPARTMENT - VEHICLE SUMMARY

Incident Num	ber.		- 1		cident 2 P	Туре:							
Vehicle No: Event Association:				Vehicle Status:			Ve	h. Status	Status Tir	ne:	Value:		
Vehicle Type			*				Style:						
VIN:		License Number: Lic State				ary Color:	-	Secon	dary Cold	or:		Interior Color:	
NCIC Date: NCIC Nun		Number:		NCIC Entered by:			N	NCIC Cancel Date:					
Registered O	wner:										P	hone:	
Owner Addre			-										
Vehicle Featu	res (1):		Vehicle	/ehicle Features(2):					Vehicle Features(3):				
Vehicle Featu	Vehicle Features (4):			Vehicle Features(5):				Vehicle Features(6):					
Vehicle Feat	Vehicle Features (7):			Vehicle Features(8):				Vehicle Features(9):					
Recovery Location:							Reco	very Date	: Time:	Value:		Description:	
	npounded by Of	fficer:				Submit as Evidence:							
Current Loca									enicle Al	pandoned:	Tag N	0:	
Submitted by				Submitted Date:				Submitted Time:					
Vehicle No:	Event Associat	ion:		Vehicle Statu	19:	•	Ve	h. Status	Date:	Status Tir	ne:	Value:	
Vehicle Type	Type: Veh Year: Make:			Model:			Style:						
VIN: License Number: Lic			Lic State:	e: Exp. Date: Primary Color:				Secondary Color: Interior Color:					
NCIC Date: NCIC Number:				NCIC Entered by:			NO	NCIC Cancel Date:					
Registered Owner: Phone:												Phone:	
Owner Addre	ss:												
Vehicle Features (1):				ehicle Features(2):					/ehicle Features(3):				
Vehicle Features (4):				Vehicle Features(5):					Vehicle Features(6):				
Vehicle Features (7):				Vehicle Features(8):				Vehicle Features(9):					
Recovery Lo	cation:						Reco	very Date	: Time:	Value:		Description:	
Recovered/In	npounded by Ot	fficer:				Submit as Evidence	:		1				
Current Location:									Vehicle Abandoned: Tag No:				
Submitted by			Submitted Date:				5	Submitted Time:					
Vehicle No: Event Association:				Vehicle Status:			TVe	Veh. Status Date: Status Tin			ue.	T Value:	
			Make:		J5.			Style:			Value.		
Vehicle Type: Veh Year: VIN:					Model: Exp. Date: Primary Co		- 01		condary Color: Interior Color:				
	LNCICA	Number:	LIC State.	NCIC Entere			N	CIC Cano					
NCIC Date:		Number.		NOIC LINE				oro ourio			_	Phone:	
Registered C												Thorre.	
Owner Addre			Wahial	o Footurer/2's			-	Vehicle	Features	(3).			
									Vehicle Features(3): Vehicle Features(6):				
									Vehicle Features(9):				
Vehicle Features (7): Recovery Location:				/ehicle Features(8):				venicle Features(9): covery Date: Time: Value: Description:					
						Submit on Fulder		overy Date	. Time:	value:		Description:	
	npounded by O	nicer:				Submit as Evidence			Zabiele Pi	andas - !. !	Tem !	0'	
Current Loca				I Suf mitted Date:				Vehicle Abandoned: Tag No: Submitted Time:					
Submitted by	•					Submitted Date:		5	upmitted	i ime:			